Name in Full | Certificate of Death

Albright Mary J

Died at Town Cumberland F County Washington E.W. MARYLAND

Date 1899 Month Oct Day 5 | Age Y. 64 M. D. | Native of Maryland | Occupation Boarding Lunkeep

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 2

Husband of Wife

Father's Name — Mother's Name 19

Cause of Death: Primary Malaria | How long sick 1 or 2 Dar

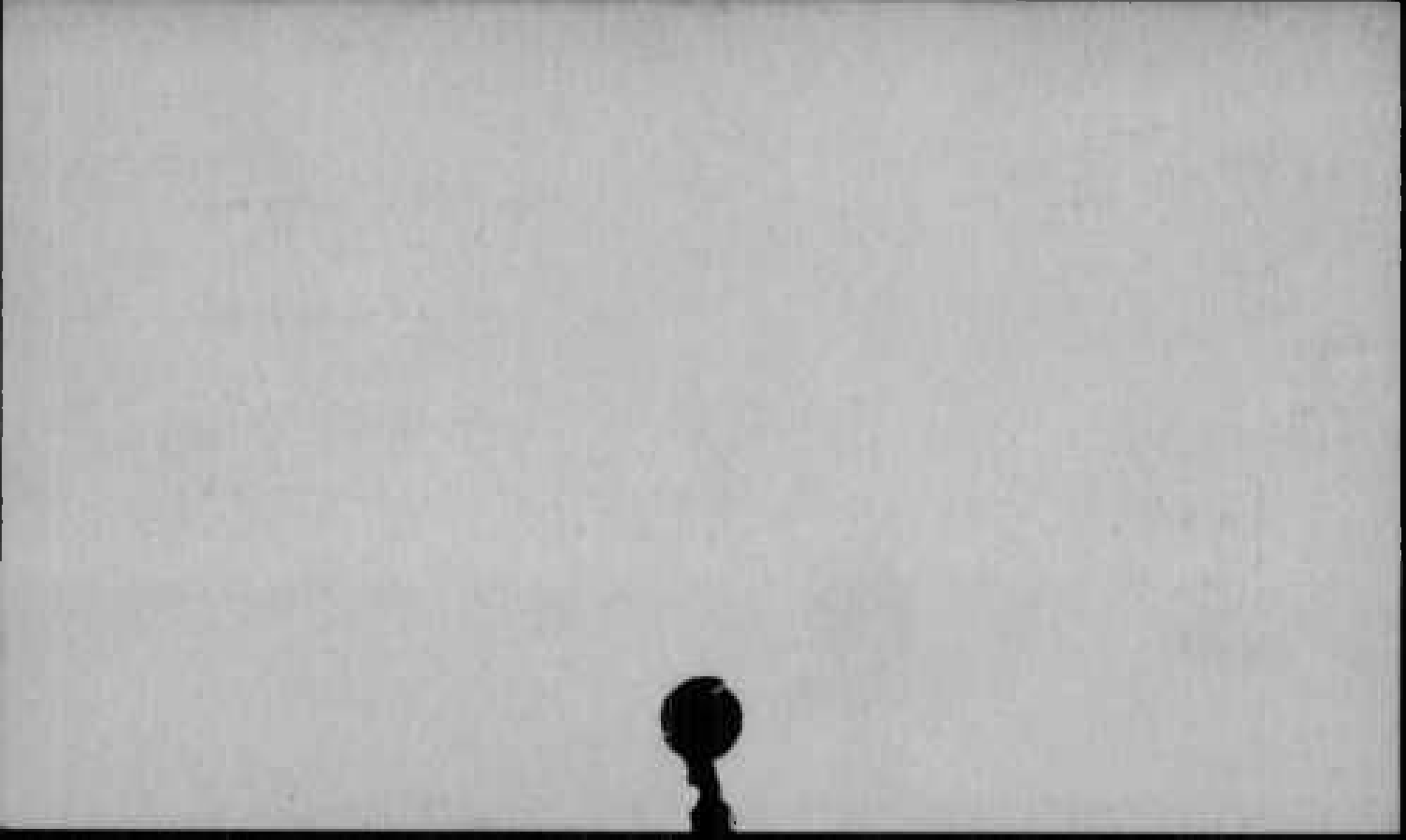
Immediate Heart Failure from Congestion of [illegible] | ~~Accident, Suicide, Homicide~~

Reported by Geo. L. Brandrup MD

Address 100 Va Ave Cumb Md

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]



Name in Full

Owen Ardinger

Certificate of Death

Died at Town Williamsport County Was MARYLAND

Date 1899 Month Oct Day 10 | Age Y. M. D. about 70 yrs | Native of Ma | Occupation Boatman

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 8

Husband ~~Wife~~ of Elen Charlton Dec^a

Father's Name — Mother's Name —

Cause of Death: Primary Paralyzed 44 | How long sick 3 mos

Immediate " | ~~Accident, Suicide, Homicide~~

Reported by Son Ethn. J. F. Kirks

Address Town Undertaker Wmspt Md

Must be signed by physician, if any in attendance, otherwis[illegible]roner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Ada Barnett

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 Month 10 Day 9 | Age Y. 22 M. D. | Native of Md | Occupation Housemaid

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Frank Barnett

Mother's Name Mrs. Frank Barnett

Cause of Death: Primary Peritonitis 119a — How long sick 4 weeks

Immediate Septicaemia — Accident, Suicide, Homicide

Reported by E. H. Schindel, M.D.

Address Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Roy Basford

Died at Town: Hagerstown County: Wash. Co. MARYLAND

Date 1899 Month: Oct. Day: 16 | Age Y.: 13 M.: - D.: - | Native of: Md | Occupation: —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife: —

Father's Name: — Mother's Name: Mollie Basford

Cause of Death: Primary: Diphtheria 8a | How long sick: 2 wks.

Immediate: Acute Gastritis & exhaustion | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Wm Preston Miller

Address: Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mrs. Susan Beard

Died at Town: Williamsport County: Washington MARYLAND

Date 1899 Month: 10 Day: 7 | Age Y. M. D. | Native of | Occupation

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ | ~~Divorced~~ | Number of children living 3

~~Husband~~ / Wife of Wm Beard

Father's Name

Mother's Name

Cause of Death: Primary — stomach trouble

Immediate — 81

How long sick

Accident, Suicide, Homicide

Reported by Leader 10-6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full — Certificate of Death

George D. Bloom

Town — County

Died at Hagerstown — Washington Co. MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
9	10	9	64			Md	Merchant

Mele / ~~Female~~ — White / ~~Colored~~ — Married / Single — ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living 8

Husband ~~Wife~~ of ——— Shuck 86

Father's Name Saml Bloom — Mother's Name Louisa ———

Cause of Death — Primary Strangulated Umbilical Hernia — How long sick 7 days

Immediate Exhaustion (Duration of Operation)

~~Accident, Suicide, Homicide~~

Reported by W M Scott

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 76808

Name in Full | Certificate of Death

Mrs Catherine A. Boward

Died at Town: Hagerstown County: Washington MARYLAND

Date 1899 Month: Oct Day: 9 | Age Y. 81 M. – D. 21 | Native of P.A. | Occupation wife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

~~Husband~~ of Wife Andrew Boward

Father's Name — Elifritz Mother's Name Not known

Cause of Death: Primary Old Age 141 | How long sick a few hours

Immediate Heart Paralysis | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by W. Simmons M.D.

Address Hagerstown Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Daniel A Carl

Certificate of Death

Died at Town Hancock County Wash. MARYLAND

Date 189 9 Month Oct Day 16 Age Y. 59. M. D. Native of U.S. Occupation Human Maker

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband / Wife of Annie E Carl.

Father's Name Geo. Carl Mother's Name Susan Carl

Cause of Death: Primary Mitral Regurgitation How long sick 2 wks

Immediate Dropsy 57 ~~Accident, Suicide, Homicide~~

Reported by J A West MD

Address Hancock Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88868

Name in Full

Certificate of Death

Mr Conrad* Infant

Died at Town Williamsport County Was MARYLAND

Date 1899 Month Oct Day 22 | Age Y. M. D. 6 | Native of Town | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of Infant of

Father's Name Mr Conrad

Mother's Name Daisy C

Cause of Death: Primary Brain fever

Immediate

How long sick 2 Wks

~~Accident, Suicide, Homicide~~

Reported by family

J. F. Kreps

Address Town

Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wmspt Md

LIBRARY BUREAU. 65968

Name in Full — Certificate of Death

Dibert

Died at — Town: Georgetown — County: Washington — MARYLAND

Date 1899 — Month: Oct — Day: 26 — Age: Y. 92 M. D. — Native of: Maryland — Occupation: Housewife

~~Male~~ — White — ~~Married~~ — Widow — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living 4 or 5

Husband / Wife of: William Dibert

Father's Name: Benjamin Redenoor — Mother's Name: Redenoor

Cause of Death — Primary: Pneumonia 72 — How long sick: 4 days

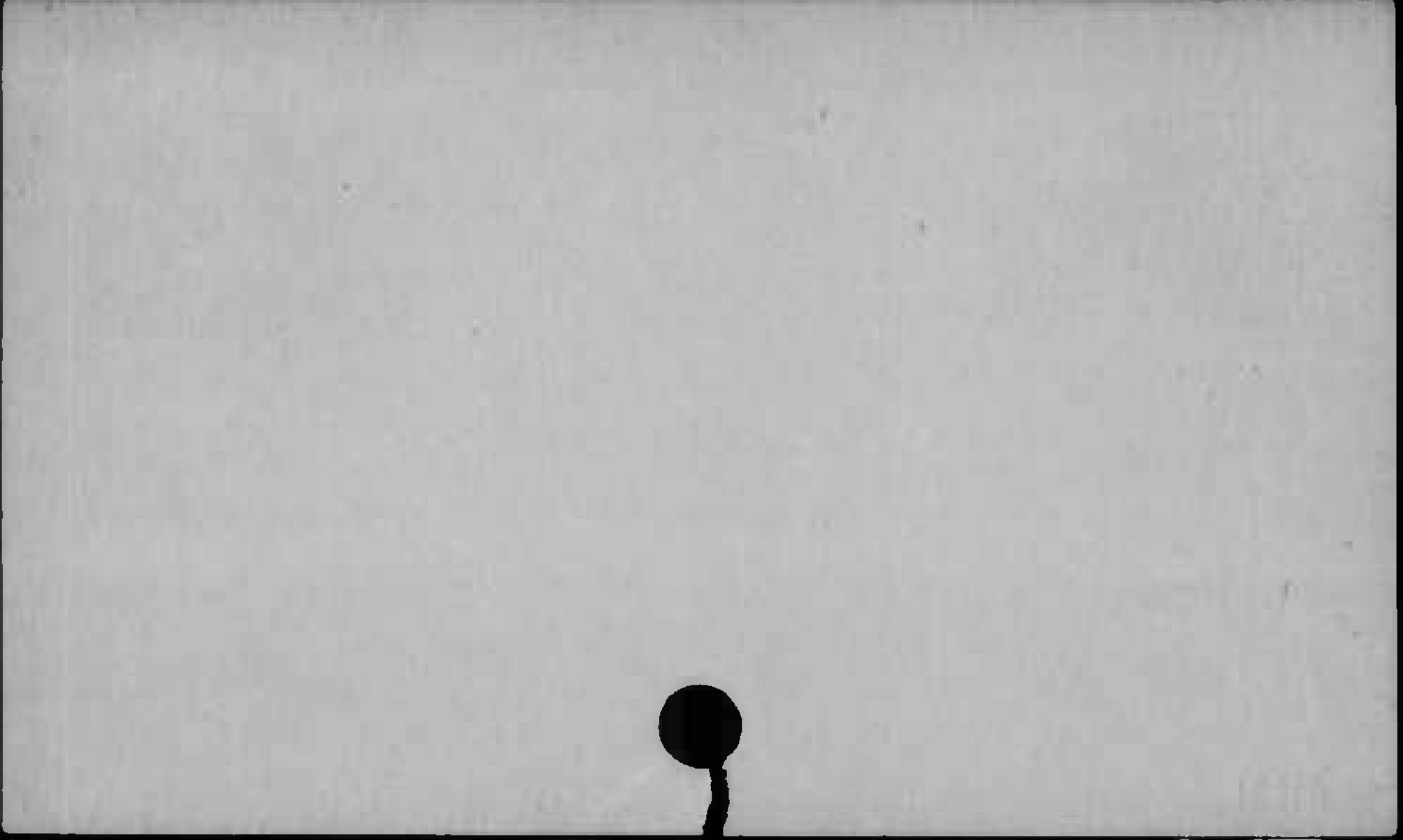
Immediate: Congestion of Lungs — Accident, Suicide, Homicide

Reported by: Dr Wm Riddlemoser

Address: Smithsburg Wash Co Md

Must be signed by physician, if any in attendance, otherwis[illegible] coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name in Full

Certificate of Death

Minnie Louise Donaldson

Died at Town: Hagerstown County: Washington MARYLAND

Date 1899 Month: 10 Day: 23 | Age Y. — M. 3 D. — | Native of Md | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name: John P. Donaldson

Mother's Name: Virginia O.

Cause of Death: Primary: Unknown 161

Immediate:

How long sick: ?

Accident, Suicide, Homicide

Reported by: Dr. B. Morrison

Address: Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Lora S. Fehrs.

Died at Town: Hagerstown County: Washington MARYLAND

Date 1891 Month: 10 Day: 3

Age Y.: - M.: 2 D.: 1

Native of: Hagerstown Occupation: child

~~Male~~ / Female

White / ~~Colored~~

~~Married~~ / Single

~~Widow~~ / ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband / Wife of

Father's Name: Frank Fehrs

Mother's Name: Marie Fehrs

Cause of Death — Primary: Marasmus

How long sick: Two Months

Immediate:

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by: J. E. Pitsnogle

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, PEORIA

Name in Full

Certificate of Death

Wm Edward Fleet

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month 10 Day 2 Age ~~Y.~~ — ~~M.~~ — D. 9 Native of Hagerstown Occupation Infant

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Geo. F. Fleet

Mother's Name Susan E Fleet

Cause of Death: Primary 72 How long sick

Immediate Inflamation of lungs ~~Accident, Suicide, Homicide~~

Reported by O.H.W. Rogers M.D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Certificate of Death

Carl Henry, Frank

Died at Town Hagerstown. County Washington MARYLAND

Date 1899 Month 10 Day 14 Age Y. 4 M. — D. 10 Native of Maryland Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name

Mother's Name Ann Frank

Cause of Death Primary Diphtheria. 8a

Immediate Toxaemia

How long sick 2 days.

~~Accident, Suicide, Homicide~~

Reported by C. R. Schiller

Address N. Blomack [illegible] Atty

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65868

Name in Full

Certificate of Death

Mrs Emily Fritz

Died at Town: Clearspring County: Washington MARYLAND

Date 1895 Month: Oct Day: 6th | Age Y. 39 M. 1 D. 10 | Native of Pa | Occupation Housekeeper

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ | ~~Divorced~~ | Number of children living Two

~~Husband~~ / Wife of George Fritz

Father's Name _____ Mother's Name _____

Cause of Death — Primary: Fibrous Polypus III | How long sick 4 weeks

Immediate: Exhaustion from Hemorrhage ~~Accident, Suicide, Homicide~~

Reported by Dr. J.P. Perry

Address Clearspring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 66968

Name in Full Louise Grim

Certificate of Death

Died at Town Bittlestown County Washington MARYLAND

Date 1899 Month 10 Day 27 Age Y. 76 M. D. Native of Maryland Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of James Grimm

Father's Name Philip Lapole Mother's Name Elizabeth Lapole

Cause of Death Primary Miliary Tuberculosis How long sick 22 f

Immediate General debility ~~Accident, Suicide, Homicide~~

Reported by Edgar L Smith M.D.

Address Boonsboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65060

Name In Full

Dr. John T. Grimes

Certificate of Death

Died at Town: Williamsport County: Wash. MARYLAND

Date 189 9 Month: Oct Day: 7 | Age Y. 69 M. 9 D. 29 | Native of Md | Occupation Physician

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of
Wife

Father's Neme: John Grimes

Mother's Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Williamsport Transcript.

Address

Oct. 14/99

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Wm. Guy Harshman

Died at Town Smoke town County Wash. MARYLAND

Date 1899 Month Oct. Day 13 | Age Y. 14 M. – D. | Native of Wash Co | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Wm. Harshman Mother's Name Jennie Winders

Cause of Death { Primary Scarlet-Fever 6 | Immediate Loxaemia

How long sick 5 days

Accident, Suicide, Homicide

Reported by Dr. S. S. Davis

Address Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Albert Heil Le

Died at Hagerstown (Town) Washington (County) MARYLAND

Date 189 9 Month Oct Day 14 | Age Y. 43 M. 1 D. 14 | Native of Md | Occupation Contractor

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 3

~~Husband~~ of Wife Laura Irvin

Father's Name Albert Heil | Mother's Name Caroline

Cause of Death — Primary: Double Pneumonia | How long sick: 2 weeks

Immediate: 72 hrs | ~~Accident, Suicide, Homicide~~

Reported by Ed Markham

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Infant of Wm Hoover

Died at Town Charltons County Was MARYLAND

Date 1899 Month Oct Day 25 Age Y. 2 M. wks D. Native of — Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number ~~of children living~~

Husband / Wife of Infant of

Father's Name Wm Hoover Mother's Name Bessie Martin

Cause of Death: Primary Eyrisipelas 125 How long sick 1 wk

Immediate "

~~Accident, Suicide, Homicide~~

Reported by Father J. F. Krebs

Address Undertaker

Williamsport Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Esther Mitchell Hoye.

Died at Town: Beaver Creek County: Washington MARYLAND

Date 1899 Month: Oct Day: 18 | Age Y. 32 M. 9 D. 3 | Native of Virginia | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of Reva W. S. Hoye

Father's Name J. F. Mitchell | Mother's Name Mrs Missouri Lacy Nee Bond

Cause of Death: Primary Typhoid Fever. | How long sick 6 Weeks

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by A. S. Mason

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

Maria W. Huffman

Town

County

Died at Boonsboro Washington MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1899 Oct- 4th Age 56. 3. 5- Md.

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of Josiah Huffman-

Father's Name Benjamin Whitter Mother's Name Sophia Snodgrass

Cause of Death { Primary Phthisis Pulmonalis How long sick 4 years-

Immediate 22a ~~Accident, Suicide, Homicide~~

Reported by W. B. Wheeler and Son M. D's

Address Boonsboro Maryland-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, CHICAGO

Name in Full William Hyde

Certificate of Death

Died at Town Hagerstown County Washington Co - MARYLAND

Date 1899 Month ~~Oct~~ Day 14 | Age Y. 2 M. 6 D. — | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living One

Husband of Wife

Father's Name Harry Higdo

Mother's Name Ella Cummings

Cause of Death: Primary 86 | How long sick

Immediate Obstruction of bowels | Accident, Suicide, Homicide

Reported by W. Simmons MD

Address Hagerstown Washington Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Miss Mary A. Keefer

Died at Town Bellevue Asylum County Washington, MARYLAND

Date 1899 Month 10 Day 22 | Age Y. 80 M. D. | Native of Hagerstown | Occupation Domestic.

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband of~~

Wife

Father's Name Not Known.

Mother's Name Not Known.

Cause of Death: Primary Paralysis. 44

Immediate Apnoea.

How long sick Two weeks.

~~Accident, Suicide, Homicide~~

Reported by C. R. Scheller,

Address 108 N. Potomac

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: not named Koontz

Certificate of Death

Died at: Town: Hagerstown — County: Washington Co. MARYLAND

Date 189 9 Month 10 Day 10 | Age Y. 1 day M. — D. | Native of Md | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children ~~living~~

Husband of Wife

Father's Name: Harvey C. Koontz

Mother's Name: Mary Brill

Cause of Death: Primary: Premature birth 5 1/2 months — How long sick —

Immediate: 138 — Accident, Suicide, Homicide

Reported by: J M Peck

Address: Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full Wilmer Lefever

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month Oct Day 11 Age Y. 12 M. 1 D. 6 Native of Md Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number~~ of children living

Husband of Wife

Father's Name David Lefever Mother's Name Alice Neikirk

Cause of Death Primary Diphtheria 8a How long sick

Immediate Cardia Failure Accident, Suicide, Homicide

Reported by A. P. Stauffer M. D.

Address Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Charles A Martin

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 Month Oct. Day 10th | Age Y. 97 M. 9 D. — | Native of Maryland | Occupation Ex Policeman

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 4

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name

Mother's Name 141

Cause of Death: Primary Infirmities of age | ~~How long sick~~

Immediate Infirmities of age | ~~Accident, Suicide, Homicide~~

Reported by O. H. W. Vaughn M.D.

Address Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Elizabeth Miller

Certificate of Death

Died at Town Wilghman County Washington MARYLAND

Date 189 9 Month Oct Day 29 | Age Y. 72 M. 9 D. 24 | Native of Md | Occupation Housewife

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | Widow | ~~Widower~~ | ~~Divorced~~

Number of children living 5

~~Husband~~ Wife of

Father's Name Jacob Miller

Mother's Name Joseph Palmer Sarah Moats

Cause of Death: Primary Dilatation of Heart — How long sick 2 years

Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by V. M. Reichard M.D.

Address Fairplay Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Mrs Kate Miller

Dlad NEAR Town Boonsboro County Wash MARYLAND

Date 1899 Month Oct Day 12 Age Y. 60 M. — D. Native of Wash. Co Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Wife Ino Miller

Father's Name Jacob Huffer Mother's Name Sarah

Cause of Death Primary Acute Phthisis 22a How long sick Two Mos.

Immediate Pulmonary Hemorrhage Accident, Suicide, Homicide

Reported by Dr. S. S. Davis

Address Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79898

Name in Full

Certificate of Death

Mrs. Sarah A. Miller.

Died at Town: Hagerstown County: Washington MARYLAND

Date 189 9 Month: Oct Day: 25

Age Y. 70 M. — D. —

Native of Md.

Occupation Housewife

Male / Female

White / Colored

Married / Single / Widow / Widower / Divorced

Number of children living 4

Husband of Wife: Saml H Miller

Father's Name:

Mother's Name: 71

Cause of Death — Primary: Pleura Pneumonia

Cause of Death — Immediate: Cardiac Failure

How long sick: 6 days

Accident, Suicide, Homicide

Reported by A. P. Stouffer, M.D.

Address Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full

Certificate of Death

Neah Alberta Peterman

Died at Hagerstown (Town) Washington (County) MARYLAND

Date 1899 Month Oct Day 3rd | Age Y. 4 M. 2 D. 2 | Native of Md | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | Divorced

Number of children living

Husband of
Wife

Father's Name Jas L Peterman

Mother's Name Anna B Peterman

Cause of Death: Primary Meningitis — 39a

Immediate

How long sick One week

~~Accident, Suicide, Homicide~~

Reported by E A Parham

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Lola Amelia Rhoads

Died at Town: Big Springs County: Washington MARYLAND

Date 1899 Month: Oct Day: 12th

Age Y. 1 M. 27 D.

Native of Md

Occupation

~~White~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower ~~Number of children living~~

Husband of Wife

Father's Name John DeLelantz Rhoads

Mother's Name Annie Brewer

Cause of Death: Primary Malnutrition & Teething — How long sick 42 days

Immediate Convulsions. 140 — ~~Accident, Suicide or Homicide~~

Reported by Dr J. K. Perry

Address Clearspring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full: Annie Robinson

Certificate of Death

Died at: Town, Williamsport; County, Was; MARYLAND

Date 1899: Month Oct, Day 21

Age: Y. M. D. 16 years

Native of: Town

Occupation: none

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children~~ living

~~Husband~~ ~~Wife~~ of Daughter of

Father's Name: Henry Robinson

Mother's Name: Lizzie McCoy

Cause of Death: Primary: Consumption; Immediate: Dropsy

How long sick: 1 year

~~Accident, Suicide, Homicide~~

~~Reported by~~ family

J. F. Kress

Address: Town

Undertaker

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Florence Sanders (Col

Certificate of Death

Died at Town Hagerstown County Washington Co MARYLAND

Date 1894 Month Day Oct 15 Age Y. M. D. 16 3 15 Native of Washington Co Md Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Laura M Saunders Mother's Name Emma A. Saunders

Cause of Death Primary Idiocy 22a How long sick

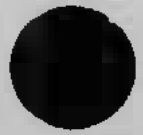
Immediate Acute Tuberculosis Lung Accident, Suicide, Homicide

Reported by T W Simmons M D

Address Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full Certificate of Death

Mrs Jennie Seaton

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 Month 10 Day 23 Age Y. 47 M. — D. — Native of W Va Occupation House work

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband of Wife James. Seaton

Father's Name Mother's Name

Cause of Death Primary Paralysis 44 How long sick 18 Hours

Immediate ~~Accident, Suicide, Homicide~~

Reported by J. E. Pitsnogle

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name In Full

Certificate of Death

Harry Russell Sigler.

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 Month 10 Day 4 Age Y. 6 M. 1 D. 4 Native of County Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower ~~Divorced~~ Number of children living

Husband of Wife — — —

Father's Name Franklin H. Sigler Mother's Name Annie M. Sigler

Cause of Death Primary 8a How long sick 2 weeks.

Immediate Diphtheria Accident, Suicide, Homicide

Reported by C. M. Suter Undertaker.

Address Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. W. B. Morrison
of Hagerstown, Md.

Seen by Coroner _____
of _____

Information contained in this certific[illegible]
ceived from C. M. Suter
of Hagerstown, Md.

Name in Full — Certificate of Death

Joseph A. Skinner.

Died at Town: Hagerstown County: Washington — MARYLAND

Date 189 9 Month 10 Day 25 Age Y. 88 M. 4 D. 24 Native of Md Occupation —

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widower~~ ~~Divorced~~ Widower Number of children living 2

~~Wife~~ Husband of Barbara Martin

Father's Name — Mother's Name —

Cause of Death: Primary 141 — How long sick 10 weeks

Immediate: General Debility — ~~Accident, Suicide, Homicide~~

Reported by Las D. Doyle M.D.

Address Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F5000

Name in Full

Certificate of Death

Mrs. Bedie Alice Smith

Died at Town: Pleasant Valley County: Washington MARYLAND

Date 189~~9~~ Month: Oct. Day: 19 Age Y.: 25 M.: 6 D.: 8 Native of: Penna' Occupation: Housewife

~~White~~ ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

~~Husband~~ Wife of Luther Smith

Father's Name: John P. Miller Mother's Name: Susan R. Harbaugh

Cause of Death — Primary: Typhoid fever 1 How long sick: 15 days

Immediate: Heart failure ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by John M. Steck M. D.

Address Smithsburg Wash. Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65088

Name in Full

Certificate of Death

Sarah A Smith

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month Oct Day 13 Age Y. 76 M. 10 D. 1 Native of Pa Occupation Housewife

~~Male~~ ~~White~~ Married Widow ~~Divorced~~

•Female Colored ~~Single~~ ~~Widower~~ Number of children living ~~6~~ 5

Husband / Wife of Meshac Smith

Father's Name Mother's Name

Cause of Death Primary Senility 57 How long sick 2 weeks

Immediate Aortic Stenosis ~~Accident, Suicide, Homicide~~

Reported by F. N. Emmert Med

Address 139 W Washington St

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, FEBRB

Name in Full Uria's Stremmel

Certificate of Death

Died at Town Hagerstown County Wash MARYLAND

Date 189 4 Month Oct Day 28 Age Y. 50 M. — D. — Native of Pa Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Aconite Poisoning

Immediate 151

How long sick —

~~Accident~~, Suicide, ~~Homicide~~

Reported by W B Morrison

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Alice Lowry

Died at — Town: Hagerstown — County: Washington — MARYLAND

Date 1889 — Month: 9 — Day: 25 — Age: Y. 2 M. 18 D. — Native of: Md — Occupation: —

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of

Father's Name: Lowell Lowry — Mother's Name: H. J. Donoyle

Cause of Death — Primary: Cardiac Failure — How long sick

Immediate: — — Accident, Suicide, Homicide

15-3-b

Reported by: A. P. Stauffer, M. D.

Address: Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name In Full Simon Turner

Certificate of Death

Died at Town Jamesburgh County Washington MARYLAND

Date 1899 Month 10 Day 17 Age Y. 68 M. .. D. .. Native of Md. Occupation Farmer

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 7

Husband ~~Wife~~ of Lucinda Turner

Father's Name Mason Turner Mother's Name Mary —

Cause of Death Primary Punctured Wound How long sick 7 days

Immediate Septicemia 14 Accident, Suicide, Homicide

Reported by J. T. Yonter, M.D.

Address Brunsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name In Full

Certificate of Death

Henrietta Viar.

Died at Town: Hagerstown County: Washington MARYLAND

Date 189 Month: 9 Day: 10 12

Age Y.: 7 M.: — D.: —

Native of: Virginia

Occupation: —

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

Widow Widower

Divorced

Number of children living

Husband of Wife

Father's Name: —

Mother's Name: Athaly Viar

Cause of Death: Primary

Immediate: Diphtheria 8a

How long sick: 2 weeks

~~Accident, Suicide, Homicide~~

Reported by: C. M. Suter. Undertaker

Address: Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79068

Attended by Dr. Chas Mc. Bailey.
of Hagerstown, Md.

Seen by Coroner _____
of _____

Information contained in this certificate received from C. M. Suter, Undertaker.
of Hagerstown, Md.

Name in Full

Certificate of Death

Etta Lorette Hager

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month Oct Day 28 | Age Y. 7 M. 11 D. 0 | Native of Hagerstown | Occupation

~~Male~~ → ~~White~~ → ~~Married~~ Widow ~~Divorced~~

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Diphtheria 8a | How long sick 3 weeks

Immediate | Accident, Suicide, Homicide

Reported by A K Eshleman

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79898